L07000126518

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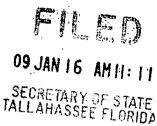
TO: Registration Section Division of Corporations
SUBJECT: ADVANCED CHECK PROCESSING, CCC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRIS MCOONALD (Name of Person)
AOVANCED CHECK PROCESING LLC (Firm/Company)
Z350 OFILWOOD ANE. (Address)
SACIO NULLE FL 32204 (City/State and Zip Code)
For further information concerning this matter, please call:
CHRIS MC DONALD at (954) 379-5271 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Anyange CH	EAL PARCEC	110		, COMIDA	
(Name of the Limited Li (A F)	ability Company as it no	w appears on our	records.)		
The Articles of Organization for this Limited Liab	ility Company were file	d on <u>DEC.</u> Ze	5002 c	_ and assigned	
Florida document number <u>L070001263</u>	518			•	
·					
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	e limited liability com	pany here:			
<u> </u>					
The new name must be distinguishable and end with t	he words "Limited Liabil	ity Company," the o	designation "LL	C" or the abbreviation	
"L.L.C."					
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET ADDRESS)					
			· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
	4-44-				
B. If amending the registered agent and/or	registered office add	ress on our reco	rds, enter the	name of the new	
registered agent and/or the new registered offic			, <u></u>		
Name of New Registered Agent:	CHRIS	M-00~	460		
New Registered Office Address:	2350 DELL	wood Ave.	·		
(Enter Florida street address)					
	SACKSONVI (City)	LLE	, Florida	32264	
N. B. (4. 14. 4. 6)	(City)			(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address** <u>Name</u> Type of Action CHRU MCDONALD MGR 2350 DELLUDGE AVE SACKIONVILLE, FL VICTOR A COSTANTINI MGR 4783 AN JOSE MANOR OR W. #4 SACKIONIVILLE, FL 32217 □ Remove Add 🗂 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated SANUARY 2009 CHRIS Mª Danald
Typed or printed name of signee

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Filing Fee: \$25.00